

Application Data Sheet

Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	COMPSTATIN ANALOGS WITH IMPROVED ACTIVITY
Attorney Docket Number:	UPN-4470
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	1
Total Drawing Sheets:	4
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: John
Middle Name: D.
Family Name: Lambris
Name Suffix:
City of Residence: Bryn Mawr
State or Province of Residence: Pennsylvania
Country of Residence: United States of America
Street of mailing address: 36 Haymarket Lane
City of mailing address: Bryn Mawr
State or Province of mailing address: Pennsylvania
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 19010

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status:
Given Name:
Middle Name:
Family Name:
Name Suffix:
City of Residence:
State or Province of Residence:
Country of Residence: United States of America
Street of mailing address:
City of mailing address:
State or Province of mailing address:
Country of mailing address:
Postal or Zip Code of mailing address:

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

**Postal or Zip Code of Mailing
Address:**

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
this application	An application claiming the benefit under 35 USC 119(e)	60/412,220	September 20, 2002

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: